

GOT PAIN?

PHYSICAL THERAPY CAN HELP!



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American Physical Therapy Association
The Science of Healing. The Art of Caring.

[VIEWPOINT]

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Physical Therapists' Role in Solving the Opioid Epidemic

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Americans Prefer Drug-Free Pain Management Over Opioids

Which of the following best describes you? n=6,206

Americans prefer drug-free pain management. While 22% of U.S. adults prefer to take pain medication prescribed by a doctor to treat their physical pain, 78% prefer to try other ways to address their physical pain before they take pain medication prescribed by a doctor. This finding is based on data collected from February through March 2017 as part of the Gallup-Palmer College of Chiropractic Annual Study of Americans.

- I prefer to take pain medication prescribed by a doctor to treat physical pain.
- I prefer to try OTHER ways to address physical pain before I take pain medication prescribed by a doctor.

22%

78%



Patients are open to non-pharmaceutical options



Nearly two thirds said that they had neck or back pain so great they sought a health care provider for relief, and 54% said they had neck or back pain for at least five years. Yet 78% said they preferred to try other ways to address their physical pain before taking drugs.

Of the non-drug options for pain, Americans believed that physical therapy was the safest and most effective, followed by chiropractic care. Both methods were rated higher than prescription drugs for effectiveness and perceived safety. Other methods included

CDC Recommends Physical Therapy and Other Nondrug Options for Chronic Pain



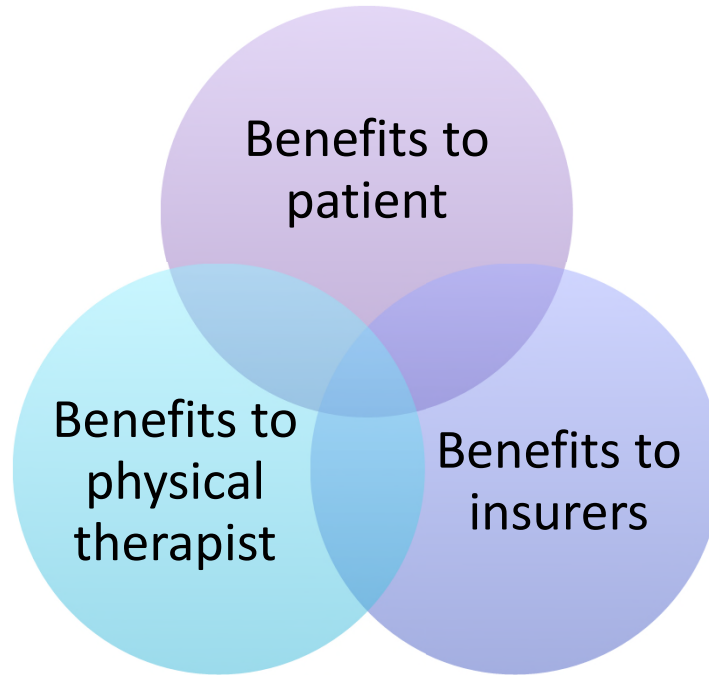
What can PT do?

- Rather than plucking people from the “chronic pain” river as they float by, PT can keep them from falling in the river in the first place!
- PT are first line providers for musculoskeletal pain problems
 - Direct Access
 - Primary Care Offices
 - Emergency Rooms



Why Direct Access?

Direct access is sometimes referred to as "self-referral"--the patient does not require a physician's referral prior to receiving physical therapy treatment.



Direct access in physical therapy: a systematic review

D. Piscitelli^{1,2}, M.P. Furmanek^{3,4}, R. Meroni⁵, W. De Caro⁶, L. Pellicciari⁷

13 studies with
over 83,000
patients

Those seen via
direct access
versus physician
referral had
significantly
less:

- PT visits
- Physician visits
- Imaging
- Medication prescriptions (including opioids)
- Invasive procedures such as injections and surgery

Patients were
more satisfied
and “out of
pocket” costs
per patient
was lower.

When it comes to opioid prescriptions and high cost procedures, early PT is better...

Likelihood of Utilization for Early vs. Delayed Physical Therapy

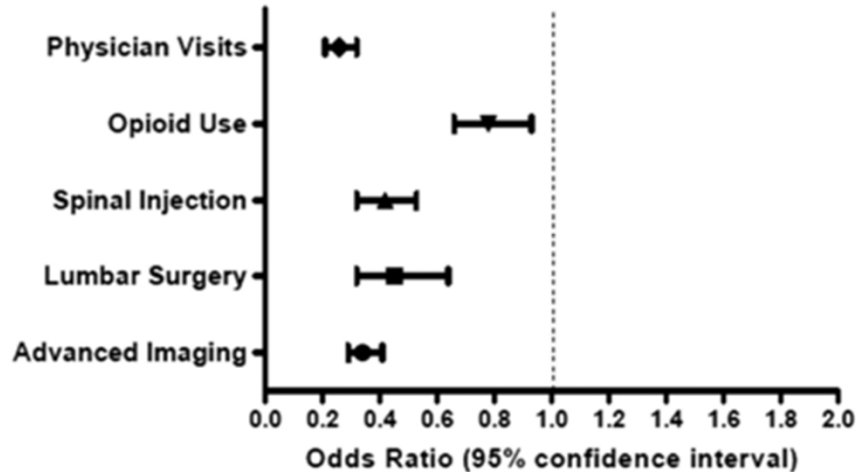


Figure 2. Likelihood of receiving specific services during the 18-month follow-up period based on timing of physical therapy.

Spine

HEALTH SERVICES RESEARCH

SPINE Volume 37, Number 25, pp 2114-2121
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Primary Care Referral of Patients With Low Back Pain to Physical Therapy

Impact on Future Health Care Utilization and Costs

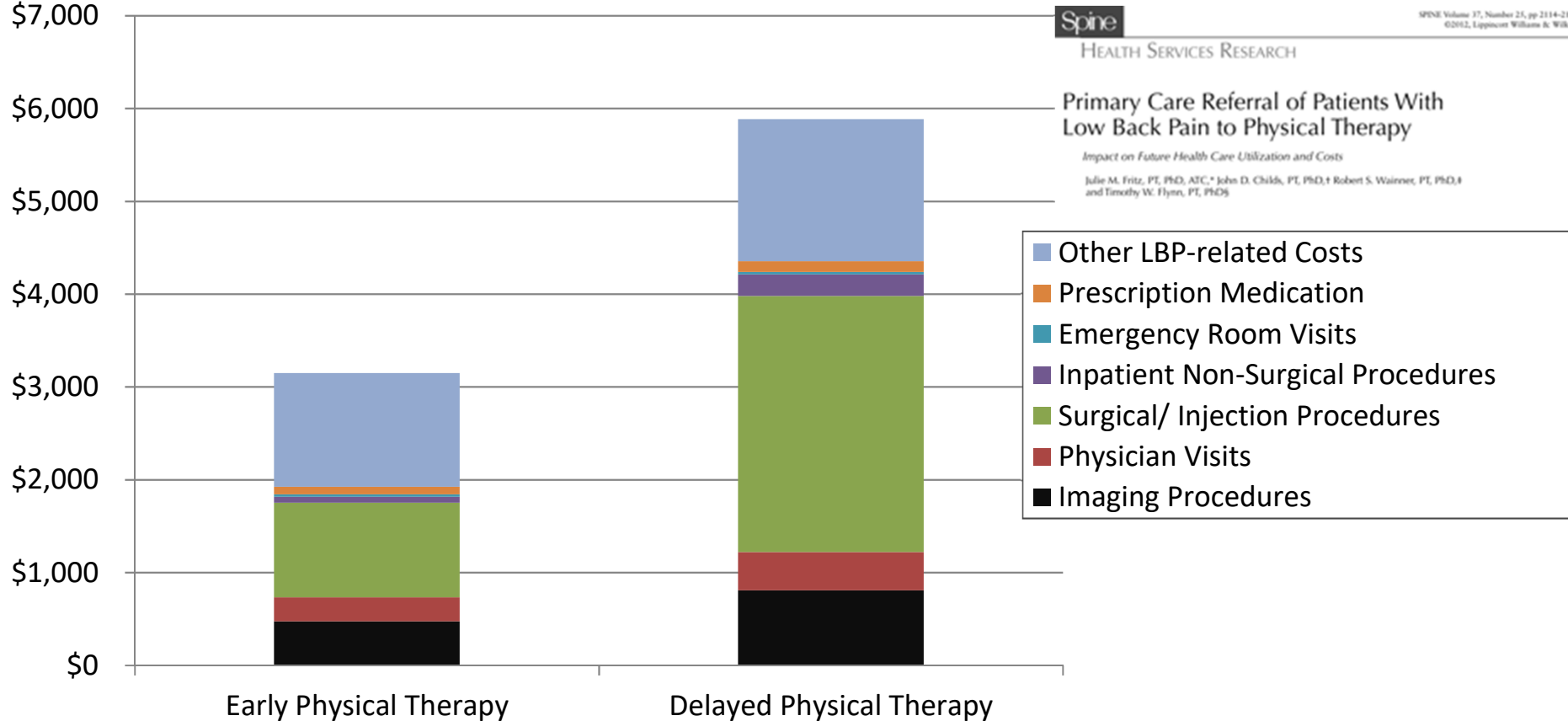
Julie M. Fritz, PT, PhD, ATC,* John D. Childs, PT, PhD,† Robert S. Wainner, PT, PhD,‡
and Timothy W. Flynn, PT, PhD§

32,070 patients



Primary Care Referral of Patients With
Low Back Pain to Physical Therapy

Impact on Future Health Care Utilization and Costs

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**LBP-related spending by category for patients with
early or delayed physical therapy utilization**



Relationship of Opioid Prescriptions to Physical Therapy Referral and Participation for Medicaid Patients with New-Onset Low Back Pain

JABFM, 2017

Anne Thackeray, PhD, Rachel Hess, MD, Josette Dorius, RN, Darrel Brodke, MD, and Julie Fritz, PhD

Table 4. Healthcare Utilization within a Medicaid Managed Care Low-Back Pain Cohort Presenting to Primary Care (January 1, 2012 to December 31, 2013) by Physical Therapy (PT) Consult Status and by PT Participation Status

Care Beyond Index Visit	All Patients (n = 454)	PT Consult (n = 215)	No PT Consult (n = 271)	P-Value	PT Participants (n = 81)	Non-PT Participants (n = 134)	P-Value
✓	70 (17.4%)	27 (17.3%)	43 (17.6%)	1.00	12 (16.0%)	34 (17.0%)	.95

- PT referral alone decreased opioid Rx 11%
- Actually attending PT reduced it by ~20%
- Biggest protective factor against long-term opioid use was a PT visit...

Opioid Rx during followup	192 (42.3%)	78 (40.4%)	114 (51.4%)	.03	21 (28.8%)	57 (47.5%)	.01
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Number in bold represent significant between group differences.
PT, Physical Therapy; Rx, prescription.

Fritz. et. al., Clin J Pain, 2018

N = 88,985



Original Investigation | Anesthesiology

Association of Early Physical Therapy With Long-term Opioid Use Among Opioid-Naïve Patients With Musculoskeletal Pain

Eric Sun, MD, PhD; Jasmin Moshfegh, MA, MSc; Chris A. Rishel, MD, PhD; Chad E. Cook, PT, PhD; Adam P. Goode, DPT, PhD; Steven Z. George, PT, PhD

Abstract

IMPORTANCE Nonpharmacologic methods of reducing the use of opioids among patients with musculoskeletal pain are needed. This study examined the association between early physical therapy and long-term opioid use among opioid-naïve patients with musculoskeletal pain in the United States.

Conclusion and Relevance: Early physical therapy is associated with significant reductions in longer-term opioid use and lower-intensity opioid use for all of the musculoskeletal pain regions examined.

...the sample ... with a new diagnosis of musculoskeletal ... the data set (obtained from the IBM MarketScan Commercial ... person-level *International Classification of Diseases, Ninth Revision or Tenth Revision* diagnosis codes, *Current Procedural Terminology* codes, and date of service as well as pharmaceutical information (National Drug Code, generic name, dose, and number of days supplied). Early physical therapy was defined as at least 1 session received within 90 days of the index date, the earliest date a relevant diagnosis was provided. Data analysis was conducted from March 1, 2018, to May 18, 2018.

MAIN OUTCOMES AND MEASURES Opioid use between 91 and 365 days after the index date.

...reduction in subsequent opioid use.

Meaning By serving as an alternative or adjunct to short-term opioid use for patients with musculoskeletal pain, early physical therapy may play a role in reducing the risk of long-term opioid use.

+ [Supplemental content](#)

Author affiliations and article information are listed at the end of this article.


Does Unrestricted Direct Access to Physical Therapy Reduce Utilization and Health Spending?

- Private health insurance data from 2009 to 2013 on 159,777 patients with back pain

- Seeing a PT as the first point of care REDUCED healthcare utilization, opioid prescriptions (89.4%), imaging (27.9%) and Emergency Department visits (14.7%)
- Patients had less “out of pocket” costs



Physical Therapy as the First Point of Care to Treat Low Back Pain: An Instrumental Variables Approach to Estimate Impact on Opioid Prescription, Health Care Utilization, and Costs

Bianca K. Frogner , Kenneth Harwood, C. Holly A. Andrilla, Malaika Schwartz, and Jesse M. Pines

- 148,866 patients with LBP
- Patients who saw PT first had lower probability of:
 - Opioid prescription (89.4%)
 - Advanced imaging (27.9%)
 - Emergency Dept visits (14.7%)
- These patients also had significantly LOWER out-of-pocket costs



Table 2: Descriptive Outcome Measures of Study Sample of Patients with Low Back Pain by Point of Care by Physical Therapist, 2009–2013

	PT FIRST: Physical Therapist as First Point of Care (N = 12,906)	PT LATER: Physical Therapist at Later Point of Care (N = 17,135)	NO PT: No Physical Therapist during Care (N = 118,825)
Any opioid prescription (%)	20.4	31.5	25.3
Any advanced imaging services (%) [†]	9.4	35.0	13.1
Any radiography (%)	11.0	37.0	23.3
Any emergency department visit (%)	14.7	21.3	23.8
Any hospitalization (%)	11.5	9.0	6.6
Any total costs (%)	100 [§]	100	100
Total costs (non-zero mean)	\$6,562 [‡]	\$9,883	\$6,399
Any provider costs (%)	99.8 [‡]	100	99.6
Provider costs (non-zero mean)	\$3,433	\$4,639	\$2,739
Any outpatient costs (%)	52.4	63.9	54.7
Outpatient costs (non-zero mean)	\$3,055	\$4,224	\$3,812
Any inpatient costs (%)	11.5	9.0	6.6
Inpatient costs (non-zero mean)	\$13,357	\$28,409	\$23,862
Any pharmacy costs (%)	54.2 [§]	53.9	48.8
Pharmacy costs (non-zero mean)	\$1,102 ^{‡§}	\$1,122 [‡]	\$1,154
Any out-of-pocket costs (%)	95.5 ^{‡§}	95.8 [‡]	95.7
Out-of-pocket costs (non-zero mean)	\$188	\$232	\$198

Insurance Barriers to Access PT

Payers have created circumstances that push people away from physical therapy care

Utilization management

- 43.6% of insurers don't reimburse direct access
- Care is limited based on what insurer "approves" to reimburse
- Delay in getting PT approved and starting care
- Administrative burden (time) of getting clients into PT

Copays

- Can range from \$10-\$60 per visit
- Client copay \$60, insurer "allows" \$65 per visit, clinic gets \$5 check
- Copays are a real "out of pocket" expense for people

Reimbursement (Medicaid Example)

- Many clinics don't accept Medicaid, reimbursement is too low
- CO the only state who changed reimbursement without any data
- Medicaid lumps PT and OT together for reimbursable units (48)
- PT and OT are complementary, but NOT interchangeable

Colorado Medicaid PT Reimbursement

CPT Code	Description	Pre-2015 CO Medicaid Rate	Pre-2015 Medicare Rate	2015 CO Increased \Medicaid Rate (90% of Medicare)	Jan 1, 2017 Published Fee Schedule CO Medicaid	% of Medicare	2017 CO Medicare Rate w/.016 sequest
97001	PT Evaluation	\$59.69	\$76.16	\$68.54	NA*		NA*
97161	PT Evaluation - Low Complexity	*NA	*NA	*NA	\$28.36	35%	\$81.99
97162	PT Evaluation - Moderate Complexity	*NA	*NA	*NA	\$39.94	49%	\$81.99
97163	PT Evaluation - High Complexity	*NA	*NA	*NA	\$69.49	85%	\$81.99
97002	PT re-Evaluation	\$33.64	\$42.78	\$38.50	NA*		NA*
97164	PT re-Evaluation	*NA	*NA	*NA	\$28.36	51%	\$55.29

Health Insurance Design and Conservative Therapy for Low Back Pain

Odds of PT

32%
higher

for PPO patients

16%
lower

for EPO patients

19%
lowerfor patients with
\$1001-\$1500 deductible29%
lowerfor patients with
>\$30 co-pay

- Observational study of 117,448 adults with LBP
- Utilization management
 - Restrictions on provider access was associated with lower likelihood of seeking out PT or chiropractic treatment
- Copays and High Deductibles
 - Higher copayments decreased likelihood of a patient seeing a physical therapist as first provider
 - As deductibles increased, the odds of a patient seeing a PT first declined
 - Higher patient out-of-pocket cost was associated with lower likelihood of choosing conservative therapy.

UnitedHealthcare Announces New Pilot Program to Increase Access to Physical Therapist Services as Result of Collaboration With APTA

- United Healthcare (UHC) announced a pilot program in 5 states that will waive the cost of copays AND deductibles for 3 physical therapy sessions for patients with low back pain (LBP)



Summary

- PT is a viable, protective alternative to opioids
- Early PT can reduce healthcare costs
- Direct access to PT results in fewer healthcare visits, imaging, invasive procedures, greater satisfaction and lower healthcare costs
- Utilization management, high copays, and low reimbursements are real barriers to care



Thank you!



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